Assessing students in practice: expectations, impressions and social judgements

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The student journey

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The impermanence of studenthood

‘You are very aware that they are here for however long, and then they are moving on and you may never see them again’

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Assessing students – what do we know?

That there is a problem with the assessment of competence of students in practice settings by practitioners and limitations exist in the degree of confidence that can be placed in the summative decisions made.

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Developing an understanding

“What factors underpin mentor judgements of student nurse competence in practice and how do mentors reach a decision to pass or fail a student in practice?”

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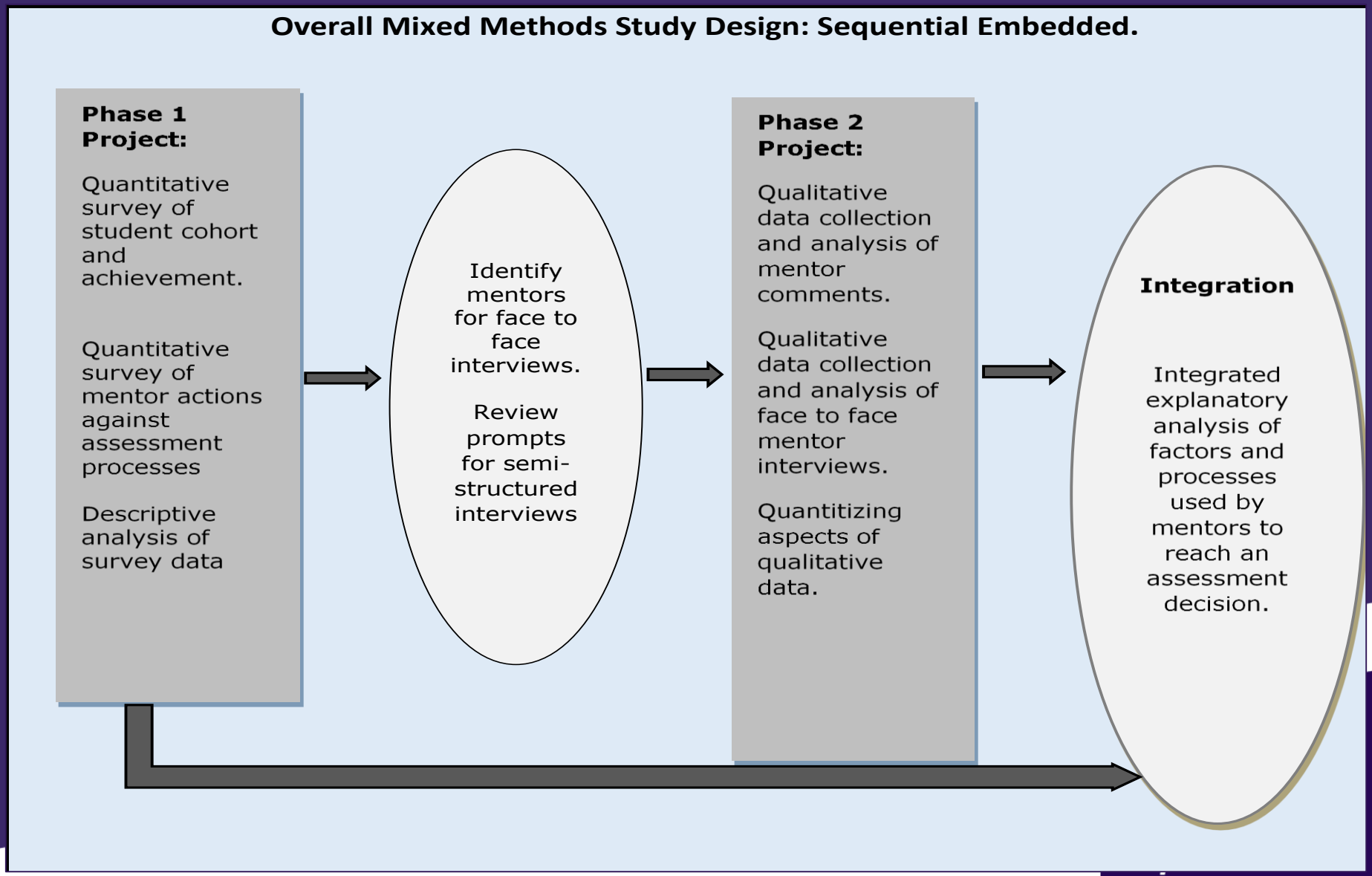
The study design



A key finding:

Assessment strategies and documentation have a limited effect on assessor judgements and decisions.

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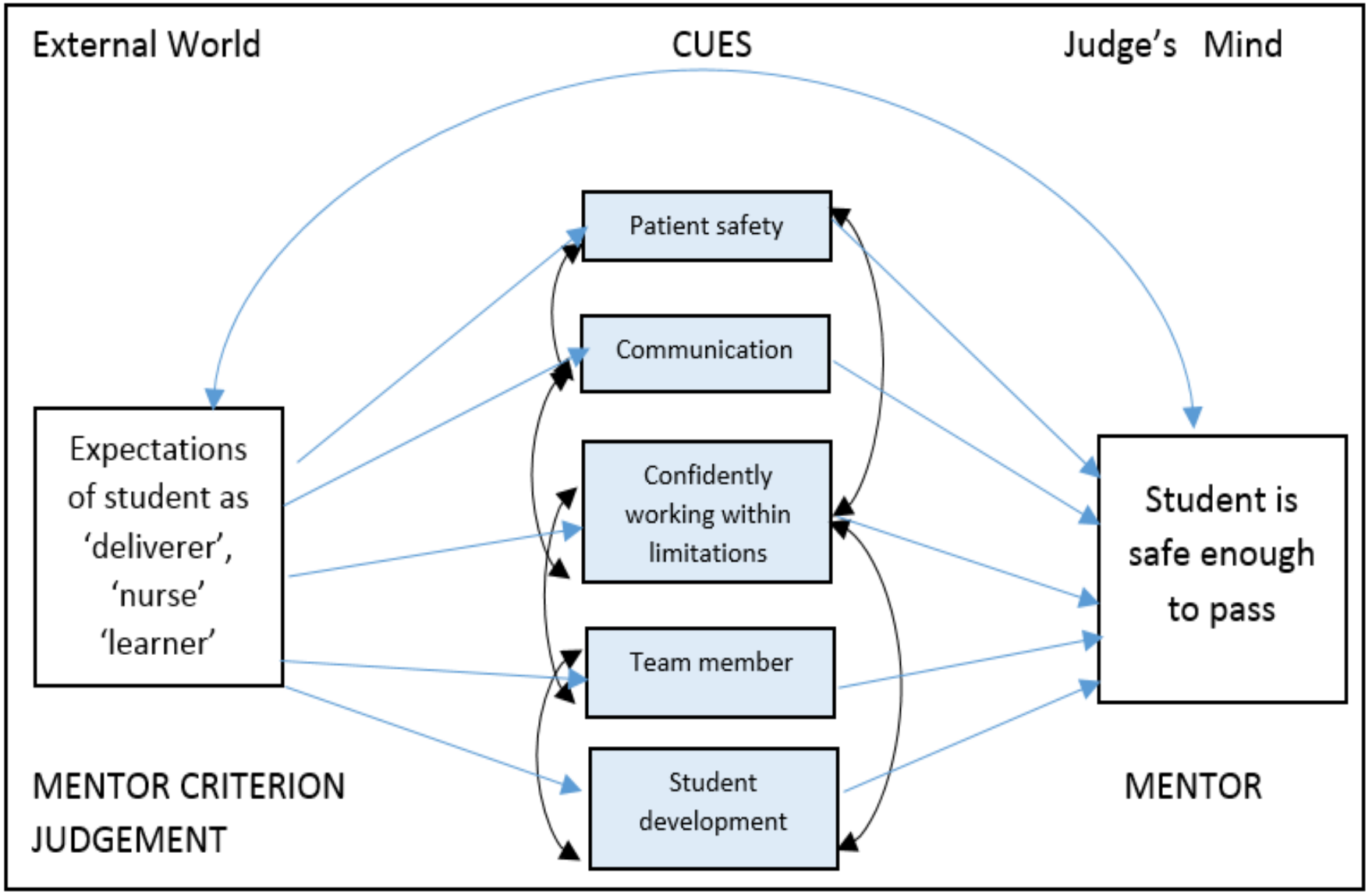
Judging student competence



Expectations: Practising safely

‘That they are safe, so we look at their clinical safety skills. The very basic sorts, so can they recognise the abnormal from the normal. Do they know what to do if something is abnormal?’

‘You’ve got to make sure that they are performing safely and that they are aware of themselves and other people.’

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Changing expectations

‘As a first-year student say you are doing a dressing with them or something, is their aseptic technique good? That’s fine and they've done the dressing and then you give them feedback and say that they did that really well, their aseptic technique was spot on but what else do we need to be thinking about? As a third-year student I'd expect them telling me about what they are looking for, so they're assessing the wound before, rather than just going on what the other nurse put on, or just reading the care plan’.

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Expectations and assessment

‘The first year you might give them the benefit of the doubt. Whereas with third years, it is their third year and sometimes if people haven't told them what is expected of them, they get to their third year and all of a sudden it is 'this person is going to be qualified soon and they are just not up to scratch'. But yet in their first year you think all right then, we'll give them the benefit of the doubt and see how they develop you know, in their next placement.’

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First impressions

‘So I use the first week to suss their communication, suss their competencies, sort of suss out their confidence level. That's a big thing for me.’

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Worrying first impressions

‘When this particular student came to us, the first impression wasn't fabulous. She turned up on the first day late. She turned up with false eyelashes on and a very big dress ring on. Tunic wasn't fabulous. And the first impression that she gave, there was lots of little things, but the first impression that she gave wasn't fabulous. Throughout the morning, I tend to have them with me on the first day, she made no interaction with myself or the patient really unless she was really pressed on it.’

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Reassuring first impressions

‘She was really positive and she was really well prepared. I was quite impressed at how prepared she was and she said ' right and we have got to have these weekly meetings so I'll document the days we can do it and I'll write it all down, if you can just go through it with me just to make sure that I am doing all the right things……. And even from the beginning, I said, from what I have seen so far barring an absolute disaster, you will get through this placement.’

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Favourable decisions

‘The ‘X’ factor..... It's about confidence, it's about.... They understand what needs to be done, and why it needs to be done, and they can prioritise their shift and their time within the shift, and their jobs to do, and their communication skills. I think they are a few things and it is glaringly obvious when one of those is missing.’

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Unfavourable decisions

‘I think if she had been safe she would have been signed off irrespective of, well maybe not being the best staff nurse in the world, but at least being safe. But we had a few near misses.’

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Unfavourable decisions

‘So my underlying principle is 'are you going to be clinically safe?' Some people take longer to pick up on things than others. Not everyone can be a whiz kid. But do you know if you are taking the pulse if it is wrong? And what do I do? And we didn't feel, any of the team didn't feel that she was clinically safe.’

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So what?

Can we have confidence in the decisions taken regarding student confidence in practice?

In the main reasonable decisions were taken by the assessors concerned. Data revealed a degree of shared agreement in terms of the cues used to inform judgements and the importance of selected key criteria to support the summative decision.

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But……..

Practitioners are given competence-based assessment tools to support decision making regarding student competence which may be viewed as for ‘university purposes’ only and are not integral to the assessment process.

Impressionistic nature of judgements formed places limits on how defensible practitioner assessment decisions are.

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Now what?

Developing assessment practices

‘Signing off’ competencies **vs** holistic competence assessment ?

Sensitivity & specificity of criteria to manage the borderline student?

Assessment schemes to better reflect cognitive processes used by assessors?

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The student develops

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